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To: Examiner Matthew John Kaszlejna
Art Unit: 3739

From: Thomas Spinelli, Esq.
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Pages: 21

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Date: August 24, 2007

Re: USSN: 10/823,832
Our Docket: 17640

CC:

RESPONSE UNDER 37 C.F.R. 1.116

The following is being filed with the U.S. Patent and Trademark Office via facsimile on March 14, 2007:

1. Response W/Transmittal in Duplicate
2. Certificate of Transmission Under 37 CFR 1.8

Applicants: Masatoshi Homan, et al.
Serial No.: 10/823,832
For: CAPSULE ENDOSCOPE APARATUS
Filed: April 14, 2004
Docket: 17640
Dated: August 24, 2007
TS:ae

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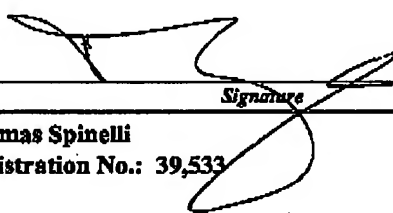
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17640	
Applicant(s): Masatoshi Homan, et al.						
Application No. 10/823,832	Filing Date April 14, 2004	Examiner Matthew John Kasztejna	Customer No. 23389	Group Art Unit 3739	Confirmation No. 5643	
Invention: CAPSULE ENDOSCOPE APPARATUS						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	28 -	22 =	6	x \$50.00	\$300.00	
INDEP. CLAIMS	10 -	10 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$300.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">  Signature </div> <div style="width: 50%; text-align: right;"> Dated: August 24, 2007 </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Thomas Spinelli Registration No.: 39,533 </div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p> <p style="text-align: center;">_____ (Date)</p> <p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p> <p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p> </div> </div>						
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PTO/SB/97 (06-08)

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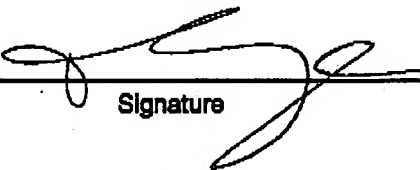
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